

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107009243**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		4				
7		0				
8		0				
9		0				
10		0				
11		0				
12	1					
13		1				
14		1				
15		3				
16		0				
17		0				
18		0				
19		0				
20			1			
21				1		
22				1		
23			1			
24				1		
25				1		
26				1		
27				1		
28				1		
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30				1		
31				1		
32				1		
33				1		
34				1		
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36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46						
47						
48						
49						
50						
TOTAL IND.	1	3	1	1	1	1
TOTAL DEP.		22				
TOTAL CLAIMS		25				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS